

CAMP ESCAPE 2010



SPONSORED BY
GREENVILLE RECREATION AND PARKS DEPARTMENT

GENERAL INFORMATION

Location: C. M. Eppes Middle School (1100 Elm Street, Greenville, NC 27835)
Ages: 5-18 Years Old
Days & Times: Monday-Friday from 9am-3pm
Fees: \$45.00 Greenville Residents; \$68.00 Non-Residents (1-Week Session)
Acceptance Policy: Each camper is accepted on an individual basis, and acceptance is based upon our ability to accommodate each camper's needs. All campers will be notified of acceptance at least 7 days prior to start of camp.

CAMP ESCAPE STAFF CAN NOT PROVIDE ONE-ON-ONE ASSISTANCE TO EACH CAMPER.

The Greenville Recreation and Parks Special Populations Office conduct Camp Escape each summer. It is designed to allow children **with special needs** and **non-special needs** the opportunity to participate in recreational activities through a true day camp experience. Camp Escape will be divided into eight, one-week sessions. Campers will participate in the free lunch program. If your child has dietary needs please bring their lunch. Camp Escape will supply drinks daily.

Parents/Guardians will be responsible for transporting their child to and from C.M. Eppes Middle School each day. Your child should **arrive** between **8:45 am and 9:00 am**. All children should be **picked up no later** than **3:15 pm**. Camp Escape's scheduled activities include: swimming, picnicking, arts and crafts, music and rhythms, bowling, field trips, movies, active and passive games, and pedal boating. The camp will be staffed with camp supervisor and counselors who are trained to work with children with special needs.

To be fair, children are accepted to Camp Escape on a first come, first served basis. If you have any questions, please contact Scott Lineberger at (252) 329-4270 or email slineberger@greenvillenc.gov. We look forward to seeing everyone at Camp Escape.

PAYMENT MUST ACCOMPANY APPLICATION UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE.

Mail Payment or Checks To:

**Greenville Recreation & Parks Department
Attn: Camp Escape
P.O. Box 7207
Greenville, NC 27835**

2010

CAMP ESCAPE APPLICATION

Camper's Information (PLEASE PRINT)

Camper's Name: (last) _____ (first) _____ (nickname) _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Sex: _____ Age (as of June 13, 2010): _____ Date of Birth: _____ Greenville City Resident? _____ Yes _____ No

Height: _____ Weight: _____ Shoe Size: _____

Parent/Guardian Full Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Physician's Name: _____ Phone #: _____

Health Insurance Company: _____ Policy #: _____

In Case of Emergency (Other than Parent/Guardian, who can be reached during camp hours)

Name _____ Relationship _____ Daytime Phone _____

Address _____ City, State Zip _____

Please indicate which camp session you are applying for. Choices will be granted on a first come first serve basis based on our ability to provide a qualified caregiver. All applications and fees are to be turned in NO LATER than 7 days prior to the start of each camp session.

- | | |
|--|--|
| 1) <u>June 21-25, 2010</u> | 5) <u>July 19-July 23, 2010</u> |
| 2) <u>June 28-July 2, 2010</u> | 6) <u>July 26- July 30, 2010</u> |
| 3) <u>July 6-July 9, 2010</u> | 7) <u>August 2- August 6, 2010</u> |
| 4) <u>July 12-July 16, 2010</u> | 8) <u>August 9- August 13, 2010</u> |

**Applications may not be accepted after the deadline. Also, application must be submitted with payment to reserve a space for your child.*

Persons authorized to pick up your child from the program:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Disabling Conditions (Check All That Apply) Please Be Specific.

Physical Disabilities

_____ Brain Trauma	_____ Spinal Cord Injury	_____ Cerebral Palsy	_____ Stroke
_____ Heart Condition	_____ Hearing Impaired	_____ Visually Impaired	_____ Wears Glasses
_____ Wears Hearing Aid	_____ Muscular Dystrophy	_____ Multiple Sclerosis	_____ Spina Bifida
_____ Diabetes (type) _____			
_____ Epilepsy –If applicant has seizures: Type _____		Frequency _____ Length of Seizure _____	
Behavior/Aura prior to seizure _____		Recovery time/Treatment _____	
_____ Other (describe) _____			

Cognitive Disabilities

_____ Mental Retardation: level of functioning affected	_____ Down Syndrome
_____ Mild _____ Moderate	_____ Autism
_____ Severe _____ Profound	_____ Other (describe) _____
_____ Attention Deficit Disorder: With hyperactivity: _____ Yes _____ No	

Additional information: _____

Mobility (Check all that apply)

☐ Wheelchair: ☐ Manual ☐ Electric ☐ Reclining ☐ Transfers alone
☐ Needs assistance in transferring ☐ Bears own weight ☐ Needs support in transferring
☐ Manipulates wheelchair alone ☐ Paraplegic ☐ Quadriplegic
 Walks: ☐ Alone ☐ Uses: ☐ Braces ☐ Walker ☐ Gait: ☐ Stable ☐ Slow
☐ With assist ☐ Crutches ☐ Cane ☐ Unsteady ☐ Medium
☐ Non-ambulatory ☐ Support from other person ☐ Falls easily ☐ Fast

Further instructions: _____

Special Equipment (If camper has special appliances, please send to camp.)

☐ Splints ☐ Prosthesis ☐ Braces
☐ Other (describe) _____

Further instructions: _____

Eating (Check all that apply) * Please note we do not have a microwave or refrigerator on site

Assistance level: ☐ No help ☐ Portion taking ☐ Placing food in mouth ☐ Uses straw
☐ Special utensils (If so, please send to camp.) ☐ Difficulty drinking ☐ Diet supplement (please send to camp)

Difficulty swallowing: ☐ Solids ☐ Liquids ☐ Difficulty chewing: ☐ Chopped foods only ☐ Pureed foods only

Food allergies: _____

Special diet: _____

Further instructions: _____

Bathroom Use (Check all that apply)

☐ Independent in bathroom ☐ Requires reminder (how often?) _____
☐ Bladder control during the day ☐ Bowel control during the day ☐ Incontinent during the day

(Please send adequate change of clothing, if needed.)

☐ Needs to adhere to toileting schedule (describe) _____

Uses: ☐ Urinal ☐ Commode ☐ Disposable undergarments (**send with camper**)

Further instructions: _____

Personal Care (Check all that apply)

Grooming: ☐ Independent, needs no assistance **Needs assistance with:** ☐ Washing up ☐ Showers/baths
☐ Combing hair ☐ menstrual care

Dressing: ☐ Independent needs no assistance **Needs assistance with:** ☐ Buttons/snaps ☐ Zippers
☐ Pants ☐ Shirt ☐ Shoes/socks

Further instructions: _____

Communication Skills (Check all that apply)

☐ Verbal ☐ Nonverbal ☐ Uses sign language ☐ Lip-reads
☐ Uses gestures ☐ Reads print ☐ Language board (**send with camper.**)
☐ Able to communicate wants/needs ☐ Needs assistance communicating wants/needs
☐ Understands simple directions ☐ Ignores speaker ☐ Responds to questions
☐ Speech defect (describe) _____

Further instructions: _____

Socialization (Check all that apply)

☐ Social ☐ Withdrawn/shy ☐ Verbally aggressive ☐ Cautious ☐ Wanders
☐ Self-abusive ☐ Physically aggressive ☐ Compliant ☐ Temper tantrums
☐ Helpful ☐ Attaches to opposite sex Other _____

(Explain any inappropriate behaviors, their frequency, and methods for dealing with them.) _____

(PLEASE NOTE: Any behaviors, which endanger or are disruptive to other campers or staff, are grounds for non-acceptance to camp or immediate dismissal from camp. If dismissal is required, parents, guardian, or group home is responsible for transportation home. No refunds will be issued in the case of dismissal as all applicants are expected to function to an appropriate degree in a group setting.)

Activities (Check all that apply)

Needs help with: ☐ Arts & crafts ☐ Sports activities ☐ Field trips or outings
 Water activity: ☐ Does not swim ☐ Fears water ☐ Wades
 ☐ Swims shallow ☐ Swims deep ☐ Wears earplugs

Recreational activities camper enjoys: _____

Recreational activities camper should not participate in: _____

FEE SCHEDULE

CAMP FEE:	Greenville City Resident	\$	45.00
	Non-Greenville City Resident	\$	68.00
	Number of Sessions x		_____
Total		\$	_____

Notes:

* Failure to provide proper information may provide grounds for refusal of admission to camp! Attach another page if additional space is needed.

* My signature below indicates all information provided is accurate to the best of my knowledge.

*I also agree that Greenville Recreation and Parks & United Way of Pitt County may use this camper's photograph and comments in promotional materials.

PERMISSION, RELEASE, AND ASSUMPTION OF RISK

In consideration of my child being allowed to participate in Camp Escape, sponsored by the Greenville Recreation and Parks Department (GRPD). I hereby assume all risks and release the City of Greenville, its employees, and volunteers from all liability whatsoever for any injuries or accidents in connection with my child's participation. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

For the safe enjoyment of this program by all participants, the GRPD staff has established rules and regulations and I agree that my child will abide by them, or accept dismissal for refusing to follow them.

In the event that my child is injured, and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the GRPD staff to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Signature of parent, guardian, or self if own legal guardian

Relationship

Date

MEDICAL HISTORY

ALL CAMPERS ARE REQUIRED TO HAVE MEDICAL HISTORY COMPLETED & SIGNED BY A PARENT OR GUARDIAN BEFORE ACCEPTANCE.

- I. Camper's Name: _____ DOB: _____ Phone#: _____
- II. Height: _____ Weight: _____
- III. Medical Diagnosis: _____
- IV. List food or other allergies (bee sting, etc.) and describe reaction: _____

- V. List drug allergies and describe reaction: _____

- VI. Has applicant been immunized for the following? Please give dates:
Mumps _____ Measles _____ Polio _____ Tetanus _____ (must be within 7 yrs)
- VII. Hospitalizations and/or surgeries:
Date: _____ Reason: _____
Date: _____ Reason: _____
Date: _____ Reason: _____
Date: _____ Reason: _____
- VIII. If applicant has had any of the following conditions, please give age of onset:
 _____ Anemia _____ Diabetes _____ Hay fever _____ High blood pressure
 _____ Asthma _____ Seizures _____ Headaches _____ Chicken pox
 _____ Mumps _____ Measles _____ Skin problem _____ Rheumatic fever
- IX. Blood/body fluid precautions? _____ Yes _____ No
If yes, type: _____

MEDICATIONS

If camper is currently taking any medications, list below. Answer COMPLETELY. All medications must be in the original container correctly marked with contents and directions. ***If medications are to be administered by Camp Escape Staff a Greenville Recreation & Parks Department Administration of Medication form must be completed. This form must be requested and filled out prior to the start of camp.***

DRUG	DOSAGE	FREQUENCY	TIMES	ROUTE
Ex: Dilantin	two 50mg tabs	4 times daily	8am, 12pm, 4pm, 8pm	chewable

Special Instructions: (ex: crush pills, mix with pudding)

Signature of Parent/Guardian

Date

INSURANCE INFORMATION

Insurance company name: _____ Policy #: _____ Group #: _____ Policy holder's name: _____

Medical Assistance #: _____

GREENVILLE RECREATION AND PARKS DEPARTMENT

CAMP ESCAPE DAY CAMP

CBS/CAP WORKER APPLICATION

(Please Print)

Full Name: _____

Address: _____
Street Address City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of Employment: _____ Supervisor's Name: _____

Supervisor's Address: _____ Supervisor's Phone: _____

IN CASE OF EMERGENCY, WHO CAN BE CONTACTED?

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Allergies (Please list all allergies to foods or medications)

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 Signature of parent, guardian, or self if own legal guardian

 Date